## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Reform America Fund	C C00581934
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Nonbox	10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5307 S 92nd St	Amount
City State Zip Code	7472.12
Hales Corners WI 53130-1677	Transaction ID : EFEF072A51C30423A9C9 Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type	10 28 2016
Name of Federal Candidate Support Office	e Sought: House District:
Feingold, Russ, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Disb 2439772.16	ursement For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Nonbox	10 29 2016
Mailing Address 5307 S 92nd St	Amount
City State Zip Code	29946.50
Hales Corners WI 53130-1677	Transaction ID : E2606BB8BBD594915A67 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type	10 20 / 2016
Name of Federal Candidate Support Office	ce Sought: House District:
Feingold, Russ, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Disk 2439772.16	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	37418.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	10 30 2016
Signature	